

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000008231

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** SWARAJ INVESTMENTS, LLC.

**Current Principal Place of Business:**

5657 WEST SHORE DR.  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5657 WEST SHORE DR.  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 20-1806843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESTIME, GILBERT  
17454 SW 79 COURT  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

LAMBA, SWARAJ  
5657 WEST SHORE DR  
NEW PORT RICHEY, FL 34652 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SWARAJ LAMBA

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAMBA, SWARAJ  
Address: 5657 WEST SHORE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SWARAJ LAMBA

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date